

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
NO.	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		NO.	IND.	DEP.	IND.	DEP.	IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
3							53						
4							54						
5							55						
6							56	1					
7							57		1				
8							58			1			
9							59				1		
10							60					1	
11							61						1
12							62						
13							63						
14							64	1					
15							65			1			
16							66				1		
17							67					1	
18							68						1
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLM							TOTAL CLM						

PTO 800 (8-78) *DO NOT USE FOR ASSIGNMENT CLAIMS OR AMENDMENTS*

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